

## NOTIFICATION OF PRE-APPROVAL FOR FREE SCHOOL MEALS

Date:

To The Parent/Guardian of

--

**Because your child(ren) get food stamps, your child(ren) will get FREE meals at school.**

IF YOU WANT YOUR CHILD TO GET FREE MEALS – DO NOTHING! IF YOUR CHILD BRINGS HOME AN APPLICATION FOR FREE AND REDUCED PRICE MEALS, DO NOT FILL IT OUT.

If you **do not** want your child(ren) to receive free school meals, call \_\_\_\_\_ or write to: \_\_\_\_\_

If your child has been determined by a doctor to have a disability that prevents the child from eating regular school meals, the school will make substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. If you believe your child needs substitutions because of a disability, please contact us at the phone number listed above.

Sincerely,

\_\_\_\_\_

Name

\_\_\_\_\_

Title

***Keep this letter, as it may be helpful in determining your child's eligibility for other programs. Health insurance is an example. If you need Health Insurance, call 1-800-250 VHAP (8427).***

**In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write: USDA, Director of the Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call 800-795-3272 or 202-720-6382 (TTY). USDA is an equal opportunity provider and employer.**

## NOTIFICATION OF PRE-APPROVAL FOR FREE SCHOOL MILK

Date:

To The Parent/Guardian of

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**Because your child(ren) get food stamps, your child(ren) will get FREE milk at school.**

IF YOU WANT YOUR CHILD TO GET FREE MILK – DO NOTHING! IF YOUR CHILD BRINGS HOME AN APPLICATION FOR FREE MILK, DO NOT FILL IT OUT.

If you **do not** want your child(ren) to receive free school milk, call \_\_\_\_\_ or write to: \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

*Keep this letter, as it may be helpful in determining your child's eligibility for other programs. Health insurance is an example. If you need Health Insurance, call 1-800-250 VHAP (8427).*

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# NOTIFICATION OF APPROVAL OR DENIAL OF FREE/REDUCED MEALS OR FREE MILK

Date (insert date)

Dear (insert names of parents/guardians)

Thank you for submitting an application for free or reduced price meals or free milk for:  
(insert children's names on these lines )

\_\_\_\_\_  
\_\_\_\_\_

The application for free or reduced price meals for your child/children is

\_\_\_\_\_ **Approved effective** (insert date) **for**

\_\_\_\_\_ Free meals

\_\_\_\_\_ Reduced price lunch. The reduced price for lunch is 40 cents

\_\_\_\_\_ Your child(ren) will receive breakfast at no charge.

\_\_\_\_\_ **Temporarily approved** for free meals until (insert date) After that time you will need to provide current income information or food stamp/Reach Up information

\_\_\_\_\_ **Approved for free milk**

\_\_\_\_\_ **Denied because**

\_\_\_\_\_ The income reported is over the allowable amount.

\_\_\_\_\_ We need more complete information. Please provide the following

\_\_\_\_\_  
\_\_\_\_\_

You may apply for meal benefits at any time during the school year. If you are not eligible now but have a decrease in income or increase in household size, or begin receiving REACH UP or food stamps, you may fill out another application at that time.

If you do not agree with the above decision, you may discuss it with:

\_\_\_\_\_  
(Name and phone number of Approving Official)

You also have the right to a fair hearing. To request a fair hearing write or call:

\_\_\_\_\_  
(Name and phone number of Hearing Official)

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REMINDER LETTER REGARDING EXPIRATION OF PREVIOUS YEAR  
ELIGIBILITY BENEFITS

DATE:

TO:

FROM:

RE: School Meals

Last year your family was eligible for Free / Reduced school meals. As of today, we have not received an application for the current year. Unless you submit an application, your child(ren) will have to pay the full price.

As of \_\_\_\_\_, your child(ren) will have to pay the following prices for school meals:

Breakfast \$ \_\_\_\_\_

Lunch \$ \_\_\_\_\_

Enclosed is information about the meals program as printed in the school handbook. Also enclosed is another copy of the application form if you wish to apply.

You may call \_\_\_\_\_ at \_\_\_\_\_ if you want to discuss this matter.

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## MASTER LIST – FREE by Categorical Eligibility

LEA/School \_\_\_\_\_

Year \_\_\_\_\_ Page \_\_\_\_\_

**INSTRUCTIONS:** Keep a Master List of approved free eligible students in alphabetical order by school, using the format below. Leave extra space for additions, or add new names to the end of the list. Be sure to update information as soon as changes occur. If you keep your Master List on a computer, be sure to include all the information requested on the form below. If it is easier to use an eligibility list by grade for determining meal counts, do a second Master List by grade for this purpose.

[illegible]

## MASTER LIST – FREE by Income Eligibility

LEA/School \_\_\_\_\_

Year \_\_\_\_\_ Page \_\_\_\_\_

**INSTRUCTIONS:** Keep a Master List of approved free eligible students in alphabetical order by school, using the format below. Leave extra space for additions, or add new names to the end of the list. Be sure to update information as soon as changes occur. If you keep your Master List on a computer, be sure to include all the information requested on the form below. If it is easier to use an eligibility list by grade for determining meal counts, do a second Master List by grade for this purpose.

[illegible]

## MASTER LIST - REDUCED

LEA/School \_\_\_\_\_

Year \_\_\_\_\_ Page \_\_\_\_\_

**INSTRUCTIONS:** Keep a Master List of approved free eligible students in alphabetical order by school, using the format below. Leave extra space for additions, or add new names to the end of the list. Be sure to update information as soon as changes occur. If you keep your Master List on a computer, be sure to include all the information requested on the form below. If it is easier to use an eligibility list by grade for determining meal counts, do a second Master List by grade for this purpose.

[illegible]

# Food Stamp Verification for School Lunch Program

## For school to complete:

School Name \_\_\_\_\_ Date \_\_\_\_\_

School Address \_\_\_\_\_

School representative \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

Please verify that the children identified below are receiving Food Stamp or Reach Up benefits. If there are additional children, please list them on the back of the form.

\*\*\*\*\*

1. Parent's name \_\_\_\_\_ Case Number \_\_\_\_\_

2. Address \_\_\_\_\_

3. City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

\*\*\*\*\*

Child's name \_\_\_\_\_

Date of birth \_\_\_\_\_ Social security number \_\_\_\_\_

Child's name \_\_\_\_\_

Date of birth \_\_\_\_\_ Social security number \_\_\_\_\_

Child's name \_\_\_\_\_

Date of birth \_\_\_\_\_ Social security number \_\_\_\_\_

**Send this form to: Department for Children and Families,  
ESD Central Office Staff, School Lunch Verification,  
103 S. Main St., Waterbury, Vt. 05671-1201  
Please enclose a self-addressed return envelope.  
\*\*\*\*\***

## For DCF to complete:

\_\_\_\_\_ The children identified above ARE receiving Food Stamp or Reach Up benefits.

\_\_\_\_\_ The children identified above are NOT receiving Food Stamp or Reach Up benefits.

DCF staff member verifying information \_\_\_\_\_

Date of verification \_\_\_\_\_ Phone: \_\_\_\_\_ Email \_\_\_\_\_

# NOTIFICATION OF SELECTION FOR VERIFICATION OF ELIGIBILITY

\* \* \* \* \*

Date \_\_\_\_\_

Dear \_\_\_\_\_:

Federal regulations require that schools conduct a review of a sample number of applications for free and reduced price meals to assure that only eligible students receive these benefits. Your child(ren)'s application has been selected as part of this review.

You must reply to this letter, or your child will not continue to receive free or reduced price meals. This letter requires that you send information or contact \_\_\_\_\_ by \_\_\_\_\_.  
(Name) (Date)

## YOU MUST SEND EITHER:

- papers that show that you get food stamps or Reach Up benefits for your child(ren)
- OR**
- papers that show your household's total gross income **AND** the name and social security number of each adult member of your household

The papers that you send may be for any point in time from the month before the date when you applied for free or reduce school meals this year up to the current time.

**Enclosure #1** lists the kinds of papers that you may use to prove that you get food stamps or Reach Up benefits for your child or to show your household's income. If possible, send *copies* of the documents, not the originals. If you do send original documents, we will not send them back unless you ask.

We will let you know the results as soon as we complete the review of all the materials you send to us. If you have any questions or if you need any help, please call \_\_\_\_\_ at \_\_\_\_\_.  
(Phone Number) (Name)

Thank you for your cooperation.

Sincerely,

(Name)  
(Title)

These are enclosed:	Enclosure #1 <i>and Reduced</i>	<i>Acceptable Information for Verification of Free Price Meals</i>
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These are enclosed only if appropriate for your household:

Enclosure #2	<i>Names and Social Security Numbers of Adult Household Members</i>
Enclosure #3	<i>Letter a Household May Have the Social Security Office Complete</i>
Enclosure #4	<i>Letter a Household May Have an Employer Complete</i>

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## ACCEPTABLE INFORMATION FOR VERIFICATION OF ELIGIBILITY FOR FREE AND REDUCED PRICE MEALS

You must send **either**: (1) papers that show you receive Food Stamps, **or** (2) the names and social security numbers of each adult household member on the enclosed sheet **and** papers that show your household's income. You may use documentation of Food Stamps or income from the month preceding application through the current month.

**IF YOU PUT A FOOD STAMP OR REACH UP CASE NUMBER ON YOUR CHILD(REN)'S APPLICATION BUT YOU NO LONGER GET FOOD STAMPS OR REACH UP BENEFITS**, you need to do **all** of the following:

1. Make out another application form with income information for everyone in your household.
2. Write the name and social security number of each adult household member on the application or on another piece of paper.
3. Send copies of pay stubs or other papers that show your current income from all sources.

**IF YOU DO NOT RECEIVE FOOD STAMPS OR REACH UP BENEFITS**, you need to do **both** of the following:

1. Send copies of information or papers that show this information for each person who earned money in your household last month:
  - the amount of gross income received
  - the name of the person who received it
  - the date the income was received
  - how often the income is received
2. Write the name and social security number for each adult household member on **Enclosure #2** and send it to us.

### ACCEPTABLE DOCUMENTS FOR SHOWING HOUSEHOLD INCOME

#### Earnings/Wages/Salary for each job:

- current paycheck stub or pay envelope that shows how much and how often pay is received
- letter from employer stating gross wages paid and how often they are paid
- Income Tax Return from previous year

#### Unemployment compensation, disability, Worker's Compensation:

- notice of eligibility from State employment security office
- Check stub
- Letter from Worker's Compensation

#### Welfare Payments (Reach Up, General Assistance)

- Letter from DCF that shows benefits received

#### Social Security/Pensions/Retirement Income:

- Social Security Retirement benefit letter
- Statement of benefits received
- Pension award notice

#### Child Support/Alimony

- Court Decree, agreement, or copies of checks received

#### All other income

- If you have other types of income (such as rental income) send information that shows the amount of income received, how often it is received, and the date(s) received

#### No income

- Send a note explaining how you provide basic necessities and when you expect income

***If you have any questions, or need help deciding what to send, call \_\_\_\_\_***

**NAMES AND SOCIAL SECURITY NUMBERS OF ADULT HOUSEHOLD MEMBERS**

If you do not show that you now receive Food Stamps or Reach Up for your child(ren), you need to complete this form and send it in with papers that show your current household income.

**Directions:** Fill in the name and social security number of each adult household member 21 years or older. If an adult does not have a Social Security number, write in the word "none".

HOUSEHOLD MEMBERS 21 YEARS OR OLDER	SOCIAL SECURITY NUMBERS
1.	
2.	
3.	
4.	
5.	
6.	

**Privacy Act Statement:**

The National School Lunch Act requires that, unless you show that you receive food stamps or Reach Up benefits for your child(ren), you must provide the social security number of each adult household member or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided for each adult household member or an indication made that an adult household member does not have a social security number benefits will be terminate. The social security number may be used to identify household members in verifying the correctness of information stated on the application and continued eligibility for the program. These verification efforts may be through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or Reach Up benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported. This information must be provided to each adult household member disclosing his/her social security number.

LETTER A HOUSEHOLD MAY HAVE THE SOCIAL SECURITY OFFICE COMPLETE

**STATEMENT OF SOCIAL SECURITY  
AND/OR SUPPLEMENTAL SECURITY INCOME (SSI)**

This statement is to confirm that \_\_\_\_\_ received the following  
(Name of Claimant)  
benefits from social security \$\_\_\_\_\_ or SSI \$\_\_\_\_\_ for the  
month of \_\_\_\_\_.

*Signature and Title of Official*

*Date*

*Address*

*City, State, Zip*

*Telephone*

LETTER A HOUSEHOLD MAY HAVE AN EMPLOYER COMPLETE

STATEMENT OF EARNINGS

This statement is to confirm that \_\_\_\_\_ received the  
(Employee's Name)

following amount of gross income (income before deductions for taxes, social security, insurance, etc. were made) in the **most recent** pay period \$\_\_\_\_\_

This income is paid:

- ☐ weekly
- ☐ every two weeks
- ☐ twice a month
- ☐ monthly
- ☐ other (please explain)

Date the payment listed above was made\_\_\_\_\_.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Federal Employer ID# (FEIN)

\_\_\_\_\_  
Signature of Employer or Employer Representative

\_\_\_\_\_  
Title

Address\_\_\_\_\_

City, State, Zip\_\_\_\_\_

Telephone\_\_\_\_\_

## VERIFICATION RESULTS

Date \_\_\_\_\_

Dear (insert names of parents/guardians):

Thank you for providing information we requested to verify your child(ren)'s eligibility for free or reduced price meals. The results are indicated below.

\_\_\_\_\_ Your child(ren)'s eligibility for meal benefits will **REMAIN AT** \_\_\_\_\_.

\_\_\_\_\_ **Starting immediately** your child(ren)'s benefits will **CHANGE FROM REDUCED PRICE TO FREE** because your income is within the free meal eligibility limits.

\_\_\_\_\_ On \_\_\_\_\_ (Insert date) your child(ren)'s benefits will **CHANGE FROM FREE TO REDUCED PRICE** because your income is over the allowable amount for receiving free benefits. The reduced price charge for lunch is \$ \_\_\_\_\_ and \$ \_\_\_\_\_ for breakfast.

\_\_\_\_\_ On \_\_\_\_\_ (Insert date) your child(ren)'s benefits will **CHANGE FROM FREE TO NO BENEFITS** because your income is over the allowable amount for receiving benefits. The full price for a student lunch is \$ \_\_\_\_\_ and \$ \_\_\_\_\_ for breakfast.

\_\_\_\_\_ On \_\_\_\_\_ (Insert date) your child(ren)'s benefits will **CHANGE FROM REDUCED PRICE TO NO BENEFITS** because your income is over the allowable amount for receiving reduced price benefits. The full price for a student lunch is \$ \_\_\_\_\_ and \$ \_\_\_\_\_ for breakfast.

\_\_\_\_\_ On \_\_\_\_\_ (Insert date) your child(ren)'s benefits will **BENEFITS WILL STOP** because you did not provide proof of current eligibility. The full price for a student lunch is \$ \_\_\_\_\_ and \$ \_\_\_\_\_ for breakfast.

Your child(ren)'s benefit may be reinstated if you provide the verification information that was requested.

If you do not agree with the decision above, you may discuss it with me. You also have the right to a fair hearing. If you request a hearing by 10 calendar days from the date of this letter, your child(ren) will continue to receive their current benefits until the decision of the hearing official is made. You may request a fair hearing by calling or writing:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Sincerely,

(Approving Official Name, Title and Contact Information))

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## Verification Roster

LEA \_\_\_\_\_

Year\_\_\_\_\_

Page \_\_\_\_ of \_\_\_\_

**Directions:** Once the sample of applications has been determined, enter the application number and the names of the students listed on the applications that were chosen for verification. For Application Type, enter “C” for categorical, “F” for free by income or “R” for reduced. Enter dates for each activity identified and simply check the appropriate column under “Results” and “Reasons.” **Submit a copy of this completed form to Department of Education Child Nutrition Programs with the Verification Report by December 15.**

[illegible]

**Name of Person Who Completed This Form** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

# Verification Report

1. LEA ID# (see on-line agreement)				<b>Mail to:</b> Child Nutrition Programs Vermont Department of Education 120 State Street Montpelier, VT 05620					
2. LEA Name (see on-line agreement)									
3. Type of LEA		<input type="checkbox"/> Public <input type="checkbox"/> Private							
4. School Year		2008 - 2009							
<b>PART I Enrollment, Application, and Eligibility Information (as of October 1)</b>				<b>9. Type of Verification Used (see Verification Manual p. 33)</b> <input type="checkbox"/> Basic <input type="checkbox"/> Alternate Random <input type="checkbox"/> Alternate Focused					
5. Number of <b>schools</b> in this LEA operating a lunch and/or breakfast program				<b>PART 2 Results of Verification, by Application Type</b>					
6. Number of <b>students</b> enrolled in these schools that have access to the lunch and/or breakfast program				<b>Step 1. What type(s) of applications did you verify? →</b>					
				A. FREE based on Food Stamp or Reach Up case number (Categorically Eligible)		B. FREE based on Income/Household Size (Income Eligible)		C. REDUCED Price Eligible	
	# of STUDENTS	# of APPLICATIONS	Step 2. What was the result?↓	# Students	#Apps	# Students	#Apps	# Students	#Apps
7. Total approved for FREE <i>(must equal the sum of 7-a through 7-c)</i>				10. Responded, No Change (column a. on Roster)					
7-a	# approved as free who are NOT SUBJECT TO Verification (directly certified, runaway and homeless liaison list, Head Start list, migrant list, residential students in RCCIs, non-applicants approved by local officials)			11. Responded, Changed to Free (column b. on Roster)					
7-b	# approved as FREE based on Food Stamp or Reach Up case number submitted on an application (Categorically Eligible)			12. Responded, Changed to Reduced (column c. on Roster)					
7-c	# approved as FREE based on income/household size			13. Responded, Changed to Paid (column d. on Roster)					
8. Total approved for REDUCED				14. Did not respond and benefits were terminated (column e. on Roster)					

Printed Name of Person Who Completed This Form

Signature of Person Who Completed This Form

Title

See Instructions on the reverse side

Phone Number

#	Instruction	#	Instruction	Comments
1.	List the LEA's LEA# (The LEA # can be found in the LEA on-line application/agreement.)	7.	Enter the total number of <u>students</u> eligible for free meals approved for this school year by October 1  The number in block 7 must equal the total of 7-a plus 7-b plus 7-c.	Do not include students whose current eligibility is based on approval made last year and carried over to this year (and for whom you don't yet have an application for the 08-09 school year.)
2.	Enter the LEA's full name. (The LEA name can be found in the LEA on-line application/agreement.)	7-b	In the first block, enter the number of <u>students</u> approved as FREE based on a Food Stamp or Reach Up case number submitted on an application (i.e categorically eligible). In the second block enter the number of <u>applications</u> that were approved as free based on a Food Stamp or Reach Up case number.	Since there is probably more than one student listed on some applications, the number of <u>students</u> will be at least the same and probably greater than the number of <u>applications</u> you report in block 7-b.
3.	Check one box	7-c	In the first block enter the number of <u>students</u> approved as FREE based on an application that provided income/household size information. In the second block enter the number of <u>applications</u> that provided income/household size information.	Since there is probably more than one student listed on some applications, the number of <u>students</u> will be at least the same and probably greater than the number of <u>applications</u> you report in block 7-c.  NOTE: Foster children and their applications are counted in this block.
4.	Already filled in for you	8.	In the first block enter the number of <u>students</u> approved for REDUCED price. In the second block enter the number of <u>applications</u> that were approved for reduced price meals.	Do not include students whose current eligibility is based on approval made last year and carried over to this year. Since there is probably more than one student listed on some applications, the number of <u>students</u> will be at least the same and probably greater than the number of <u>applications</u> you report in block 8.
5.	Enter the number of schools (sites) in the LEA that participate in the school breakfast and/or school lunch program	9.	Check one	The worksheet (page 36-37) in the manual explains these terms
6.	Enter the total enrollment of students who have access to the breakfast and/or lunch programs at the sites reported in Block 5.	10. to 14.	In these blocks report the outcome for each application verified.  In the first block enter the number of students who were approved on the applications verified in that category (listed at the top of the column) for that outcome (listed at the beginning of the row), and in the next block enter the number of applications that those students were on.	Find the column for the category or basis on which the application was originally approved for each application that was verified (i.e. was the application free based on income, etc.) Then find the outcome for each application (i.e. there was no change, there was a change from free to reduced, etc.) Use your Verification Roster to determine results for each application.